

Employee Benefits Summary

Fiscal Year 2015 - 2016
State of Michigan

State of Michigan Classified Employees*, are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long term disability, flexible spending accounts, and more. Coverage will be effective on the first day of the bi-weekly pay period following either, the first day of employment OR the date when the enrollment process is completed, whichever is later.



Employees wishing to participate in the State of Michigan's health, dental, vision, employee/dependent life, long term disability (LTD), and/or flexible spending account benefits, must enroll within 31 days of their hire date.





If an eligible employee elects not to enroll for benefits within the first 31 days of hire, the next opportunity to enroll will be during the annual Insurance Open Enrollment period, and annual Flexible Spending Open Enrollment period, which take place separately in the fall.

To complete enrollment all new employees must contact the [MI HR Service Center](#). Please note that Legislative and Judicial employees should contact their agency HR Office to complete enrollment.

*Non-career employees are not eligible for these benefits, but may be eligible for retirement benefits.

Your Benefits Checklist

The checklist below will assist you with the benefit enrollment process.

-  Review this booklet for basic information.
-  Go to www.michigan.gov/employeebenefits, and select the "New Employee" tab from the center of the page to review benefit options.
-  Contact the MI HR Service Center* toll free at 877-766-6447 to enroll in eligible insurances. Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except state holidays.
-  Mail or fax dependent [eligibility documentation](#) to the MI HR Service Center, if applicable.

* Legislative, and Judicial employees should contact their agency HR Office for assistance.



Where Would You Like to Go?

This document is interactive; use the buttons below to navigate to the information that applies specifically to you.

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Important Notice

This booklet is a summary of benefits provided to State of Michigan Employees¹ and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

The State Health Plan (SHP) PPO, and Health Maintenance Organizations (HMO) Plan Designs, applies to employees in the following units²: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

SHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%.

HMO Premium: The State will pay up to 85% of the HMO total Premium, capped at the dollar amount which the State pays for the same coverage under the SHP PPO, with enrolled employees paying the remainder.

¹ Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

² Does not apply to MSP T01 Troopers and Sergeants.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees (e.g., separation, leave, layoff, reduction of hours), spouses (e.g., divorce, death of employee), or dependent children (e.g., age 19 or older and not regularly attending school, reaching age 26, etc.).

Under COBRA, if an employee, a spouse, or dependent should lose eligibility for state employee group health, dental, or vision insurances, they may be eligible to continue these coverages for a period of time by paying the full premium directly to the State of Michigan. This full premium will include the amount previously paid as the employee's share, plus the state's share, and, in some cases, an additional 2% service fee.

Employees may also be eligible to continue your life insurance coverage at no cost to the employee or enrolled dependents if the employee is on a leave of absence or layoff from State service. Visit www.michigan.gov/cobra for additional details.

HIPAA (Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Civil Service Commission currently administers the following self-insured group health plans for State employees, and retirees on behalf of the State of Michigan:

- State Health Plan PPO (BCBSM/Magellan)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (BCBSM)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (WageWorks®)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Enrolled individuals rights under HIPAA are outlined in the Privacy Notice available on the Civil Service Commission [Employee Benefits Division web site](#).

Who Can Enroll?

Employees may choose to enroll their spouse and/or eligible dependents in their health, dental, vision, and life insurance plans as a new employee, during any annual open enrollment period, or as the result of a life event. Any time a spouse or dependent is added to an insurance plan, the employee must submit [dependent eligibility documentation](#) within 31 days of the event. For more information, visit the Employee Benefits Division website:

www.michigan.gov/employeebenefits.

Special Enrollment Rights

If an employee declines enrollment for themselves or their dependents (including spouse) because of other health insurance or group health plan coverage, that employee may be able to enroll themselves and their dependents in the State group plan if the employee or dependents lose eligibility for that other coverage (or if the employer stops contributing towards the other coverage). However, the employee must contact the MI HR Service Center* to request enrollment within 31 days after the employee, spouse, or dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Special enrollment is also available to **(1)** those who become eligible for premium assistance under Medicaid or CHIP (Children's Health Insurance Program) and **(2)** those who lose coverage under Medicaid or CHIP because they are no longer eligible (not because of nonpayment). The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the [MI HR Service Center](#)* at 877-766-6447.

Dual Eligibility

If an employee, their spouse, or dependent are currently working for the State of Michigan and are both covered by State Group Insurance Plans (retiree or active), they may:

- ◆ Maintain separate coverage through individual plans, **OR**
- ◆ Enroll in one plan with one listed as a dependent.

If married employees choose to maintain separate coverage, children can only be listed on one plan, not both. This applies even if the employees are divorced.

Insurance Cards

Identification cards will be issued directly from individual [insurance carriers](#), when applicable. In the event that additional or duplicate cards are needed please contact the insurance carrier directly.

Life Events

[Life Event Changes](#) should be reported by calling the [MI HR Service Center](#)* within 31 days of the event. All life events must be substantiated with appropriate [Eligibility Documentation](#), however, employees should not wait until they have the official documentation to contact the MI HR Service Center. Some examples of a life event are; marriage, birth, adoption, divorce, loss or gain of coverage etc..

Immediately notify the MI HR Service Center to cancel dependent coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of divorce.

**Legislative and Judicial employees should contact their agency HR Office for assistance.*

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www.michigan.gov/employeebenefits



State Long Term Disability (LTD)

The State Long Term Disability (LTD) Plan provides income when an eligible enrolled employee becomes totally disabled as defined in the [LTD Plan Booklet](#) and is unable to work (see plan for details on pre-existing conditions).

During an approved LTD absence full-time employees receive approximately 66 2/3% (0.6667) of their monthly basic earnings, subject to a monthly maximum. These employees are also entitled to the health insurance premium coverage (the "LTD Rider") during an approved LTD absence. The LTD Rider covers State sponsored health insurance premiums only. The LTD Rider does not cover vision, dental, or other insurance premiums. Under the LTD Rider the State will pay both the State's and the employee's share of the State sponsored health plan or HMO premiums for a period up to six months.

The State pays a portion of the total premium for employees enrolled in this plan. The employee portion of the premium is calculated based on based on sick leave balance, and hourly wages. Use the [LTD Insurance Estimator](#) to find an approximate bi-weekly premium.

New employees can enroll within 31 days of hire. If employees do not enroll within the first 31 days of employment the next opportunity is during the annual Open Enrollment period.

Review the [LTD Plan Summary](#) for coverage effective dates, and other information.

Flexible Spending Accounts (FSAs)

Employees may choose to enroll in the Dependent Care and/or the Health Care FSAs.

The FSA program allows employees to pay for eligible dependent care and eligible out-of-pocket medical expenses with pre-tax dollars, making these expenses more affordable. FSAs are convenient and easy to use. With a little up-front planning, employees will see significant tax savings while paying for a wide array of out-of-pocket medical and dependent care expenses. To learn more visit www.mi.gov/fsa.

Other Benefit Programs

♦ Qualified Transportation Fringe Benefits (QTFB)

The program allows employees to pay for eligible parking expenses and vanpool ridership fees ([MichiVan](#) only) with pre-tax dollars via payroll deduction. Generally, this program is not for use for employees who park in a State owned or leased lot/ramp.

♦ Voluntary Benefits - Benefits for Life

[Benefits for Life](#) is an employee paid optional coverage program. The Benefits for Life offerings do not replace the State group benefit plans. Instead, the program offers additional insurance with premiums payable through payroll deduction. Optional coverage plans available for purchase are:

- Accident Insurance
- Accidental Death & Dismemberment (AD&D)
- Auto & Home Insurance
- Critical Illness Insurance
- Discount Plan
- Legal Plan
- Supplemental Term Life
- Universal Life Insurance

Health Care Options

The following is a brief description of the health insurance benefits offered to State of Michigan employees. Additional [health plan information](#) can be found at the Employee Benefits Division website www.mi.gov/employeebenefits. You may elect one of the following health insurance plans:

State Health Plan

Preferred Provider Organization (PPO)

The State Health Plan PPO is administered by Blue Cross Blue Shield of Michigan (BCBSM).

- The State pays 80% of the premium for full-time employees.
- This plan provides health benefits using providers and facilities that are in-network, meaning the providers and facilities have agreed to accept a discounted fee from BCBSM for services rendered.
- Provider network covers all 83 Michigan counties.
- There are deductible requirements.
- Office visit and prescription drug co-pays are required.
- There is a 10% co-insurance for most services.
- An emergency room co-pay will be required if the member is not admitted to the hospital.
- Retail pharmacy and mail order prescription medications are administered by MedImpact.
- Mental health and substance abuse treatment services are administered by Magellan Behavioral Health.



HMO Plans

Health Maintenance Organization

An HMO is a managed care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area.

- The State will pay 85% of the total premium up to the amount paid for the same coverage code under the State Health Plan PPO.
- There are deductible requirements.
- Office visit, and prescription drug co-pays are required.
- Members choose a primary care physician who will provide care, and make referrals from within the network.
- Eligibility for enrollment is based on employees residential zip code. To find available HMOs use the [HMO Zip Code Tool](#).

Catastrophic Health Plan

Administered by Blue Cross Blue Shield of Michigan (BCBSM), this is a hospitalization-only plan intended as an option for those employees who have coverage elsewhere. This plan does not cover prescription drug charges, office visit charges, medical equipment, psychiatric services, or other major medical services.

- **Benefits under this plan are payable only after members have utilized covered expenses equal to one month's basic salary** (deductible requirement). The family deductible (two or more members) is equal to 1 1/2 month's basic salary.
- **This plan will become your primary coverage**, all deductibles will need to be met before any other coverage can be utilized.
- The State will cover 100% of the premium cost for full-time employees. Enrolled employees will receive a \$50 rebate bi-weekly for being enrolled in this plan.

Dental and Vision Options

The following is a brief description of the dental & vision insurance benefits offered to State of Michigan employees. Additional [plan information](#) can be found at the Employee Benefits Division website www.mi.gov/employeebenefits.

State Dental Plan

The State Dental Plan is administered by Delta Dental.

- The State will pay 95% of the premium for full-time employees.
- This plan covers preventive services (exams and cleanings) at 100% of the "usual, customary, and reasonable charge."
- X-rays, oral surgery, extractions, restoratives, periodontics, and endodontic are covered at 90%.
- Dental implants are covered up to 70% (PPO Dentist) under prosthodontics.
- Orthodontics are covered at 60% up to \$1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.

Dental Maintenance Organization (DMO)

This is a managed care dental plan that provides all necessary dental care and services.

All dental care must be provided at Midwestern Dental care centers by Midwestern Dental Dentists.

The employees residential [postal code](#) will determine eligibility to enroll in the DMO.

- The State will pay 100% of the premium for full-time employees.
- There are no member co-pays required for any covered dental care received at a dental center, except for an orthodontics co-pay for adults (age 19 and older).
- There are no benefit maximums.

Preventive Dental Plan

The Preventive Dental Plan is administered by Delta Dental of Michigan. **This plan is intended for employees who have dental coverage elsewhere.**

- The Preventive Dental Plan covers diagnostic exams, x-rays, and cleanings to the same extent as the State Dental Plan. *No other services are covered.*
- The State will pay 100% of the premium for full-time employees who will also receive a \$100 lump rebate annually (pro-rated for mid-year enrollment).

State Vision Plan

The State offers one vision plan administered by Blue Cross and Blue Shield of Michigan (BCBSM) partnering with Vision Service Plan® (VSP)

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months, and corrective lenses and eyeglass frames once every 24 months, unless your prescription changes.

- The State pays 100% of the premium for full-time employees.
- There is a co-payment for exams, lenses, and frames.

Life Insurance

The following is a brief description of the employee & dependent life insurance benefits offered to State of Michigan employees. Additional [plan information](#) can be found at the Employee Benefits Division website www.mi.gov/employeebenefits.

Employee Life Insurance

Employee Life Insurance is administered by Minnesota Life. Employees may select one of the following life insurance plans:

◆ State Life Insurance Plan

The State will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays designated beneficiaries a non-taxable death benefit equal to two times the employee's basic annual salary rounded up to the next \$1,000, up to a maximum of \$200,000.

◆ Reduced Benefit Life Insurance Plan

The Reduced Benefit Life Insurance Plan pays designated beneficiaries a non-taxable death benefit equal to 100% of the employee's basic annual salary or up to a maximum of \$50,000. Enrolled employees will receive a bi-weekly rebate for selecting this reduced life insurance option.

NOTE: Both of the life insurance options above include an accidental duty death benefit. This benefit is in addition to the maximum benefit offered from the plans listed above. Review the [Life Insurance Certificate](#) for additional details.

Dependent Life

Employees have the option of enrolling a legal spouse and eligible children in one of the following Dependent Life Insurance plans administered by Minnesota Life:

- **Option 1:** Spouse \$1,500 / Child(ren) \$1,000 ea.
- **Option 2:** Spouse \$5,000 / Child(ren) \$2,500 ea.
- **Option 3:** Spouse \$10,000 / Child(ren) \$5,000 ea.
- **Option 4:** Spouse \$25,000 / Child(ren) \$10,000 ea.
- **Option 5:** Child(ren) only \$10,000 ea.

Dependent child eligibility: unmarried children between the ages of 14 days up to their 23rd birthday. Ages of 19 up to their 23rd birthday are not required to maintain student status to be enrolled.

The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

Beneficiary Changes

Beneficiary designation for final compensation, and life insurance can be completed online in the employee's MI HR Self-Service account at www.michigan.gov/selfserv.

The 401(k) Defined Contribution and 457 Plans (Voya Financial), and Accidental Duty Death carriers require an original signature to add or change beneficiaries. These forms can be printed from your MI HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the address on the form. The Accidental Duty Death form should be sent to your HR Office.

www.michigan.gov/employeebenefits

Enrolling in Benefits

Contact the MI HR Service Center to enroll within the **first 31 days of hire**. The next opportunity to obtain benefits will be during the annual insurance open enrollment, if enrollment is not completed within the first 31 days. Additional benefit information can be found at www.mi.gov/employeebenefits.

MI HR Service Center

The MI HR Service Center has a staff of State of Michigan HR employees who are there to enroll employees in benefits, as well as answer benefit questions. The MI HR Service Center is available from 8:00 a.m. to 5:00 p.m., Monday through Friday, except state holidays.

Please Note: Legislative and Judicial employees should enroll for benefits by contacting their agency HR Office.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances. Do not wait to obtain documentation to enroll in benefits. See [Eligibility Documentation](#) for a list of acceptable documents.

MI HR Self-Service

[MI HR Self-Service](#) is a web-based tool, designed to provide employees with access to update personnel information, and view earning statements and leave balances. All new State employees will be provided access to MI HR Self-Service.

Self-Service allows employees to update information such as; home address, home phone, emergency contacts, e-mail address, beneficiaries, tax withholdings, and direct deposit. During special enrollment periods, employees can complete Insurance Open Enrollment (IOE), Flexible Spending Account (FSA) Open Enrollment, and make contributions during the State Employees Charitable Campaign (SECC).

Self-Service Access

Upon hire, a new employee's HR Office will enter their information into the Human Resources Management Network (HRMN). One day after their information is entered their MI HR Self-Service account access is created, once this occurs they can expect the following correspondence:

- ◆ A notification of a newly created MI HR Self-Service account, and username is sent to the home address on file.
- ◆ Employees *with* a State of Michigan email address on file will receive an email with; a temporary PIN, and activation instructions.
- ◆ Employees *without* a State of Michigan email address on file, will receive temporary PIN and activation instructions by mail to the home address on file.
- ◆ When the activation process is complete and the new employee has received a password, a thank you notification will be sent to the State of Michigan email address or to the home address on file if an email address is not listed.

Employees needing assistance with the activation process, can contact the MI HR Service Center (*including Legislative and Judicial employees*) at 877-766-6447.

Contact MI HR

Toll Free: 877-766-6447

MI Relay Center: 711

Fax: 517-241-5892

Mailing Address:

P.O. Box 30002

Lansing, MI 48909

Hours of Operation:

8:00 a.m. to 5:00 p.m.

Monday through Friday
(except on state holidays)

Legislative, and Judicial employees should enroll in benefits by contacting their agency HR Office.

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Required Documents

The documents listed below are acceptable proof of dependent, adult child, and OEAI eligibility for insurance coverage (legible copies are required for each type of document; please do not provide originals). See [Eligibility Guidelines](#) for detailed eligibility information.

	HEALTH DENTAL and VISION										HEALTH ONLY			REMOVAL		
	Adopted child	Biological child	Foster child	Grandchild ¹	Incapacitated child	Legal guardianship	Loss of coverage	Spouse	Step-child ³	Student age 19 to 25	Adult child age 19 to 26	OEAI	OEAI dependent ²	Gain of coverage	Spouse & dependent due to death	Spouse & stepchild due to divorce
Adoption papers or sworn statement with the date of placement	◆												◆			
Birth certificate (hospital verifications not accepted)		◆		◆	◆				◆	◆	◆		◆			
Court document placing the child in the employee's home for foster care			◆										◆			
Court ordered letters of guardianship						◆							◆			
Death certificate															◆	
Divorce decree (first and last page stamped by the court)																◆
Document detailing loss/gain of coverage from employer or insurance provider.							◆							◆		
Joint residency documentation establishing shared residency for the past 12 months (e.g. bank statement, utility bill, lease agreement)												◆				
Legal document specifying physical custody (e.g., divorce decree stamped by the court that identifies custody agreement)									◆							
Marriage certificate								◆	◆							
OEAI Enrollment Application & Affidavit CS-1833												◆	◆			
Proof of age (e.g., birth certificate, passport, driver's license, or other governmental document)												◆				
Student Verification of Eligibility (CS-1830) & School records proving attendance										◆						
Verification Documentation that the child's condition was provided to the insurance carrier prior to the child turning 19					◆											

¹ Parent of the Grandchild must be a covered dependent; if between the ages 19 up to their 25th birthday and must be a student.

² Dependent children of an OEAI may enroll in health insurance only up to their 26th birthday with a [CS-1833](#) and the same required documentation that applies to equivalent dependent children of employees.

³ A step-child in which an employee's spouse is required to provide at least 50% support, and resides with you 50% of the time is eligible for health, dental and vision coverage. A step-child is eligible for health coverage regardless of residence and support up to their 26th birthday. Once a step-child reaches the age of 19 up to their 25th birthday, refer to the appropriate student column above for instruction.

Insurance Open Enrollment: Copies of the documentation must be faxed or mailed to the [MI HR Service Center](#) by September 30, 2015.

Life Events: To add or change eligible dependents due to a life event (such as marriage, birth, divorce), call the MI HR Service Center as soon as possible but no later than 31 days following the life event. Do not wait until you have the official documentation.

If you have questions on documentation requirements, contact the MI HR Service Center at:
877-766-6447, or dial 711 for Michigan Relay Center
Documents can be faxed: 517-241-5892

Or mailed: MI HR Service Center P.O. Box 30002, Lansing, MI 48909

Note: Legislative, Judicial and Auditor General must submit the required documentation to their Human Resource Office.

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Provider Information



State Health Plan PPO

STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center
800-843-4876
www.bcbsm.com/som

PRESCRIPTION DRUG PROGRAM

Active Employees and Non-Medicare Retirees,
MedImpact 877-403-6034
www.mp.medimpact.com/som
Medicare Eligible Retirees,
Medicare Generation Rx 877-633-7943
www.medicaregenerationrx.com/som

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Magellan Behavioral of Michigan
866-503-3158
www.magellanassist.com

STATE CATASTROPHIC HEALTH PLAN

BCBSM State of Michigan Service Center
800-843-4876
www.bcbsm.com/som

STATE DENTAL and PREVENTIVE DENTAL PLAN

Delta Dental Plan of Michigan
800-524-0150
www.deltadentalmi.com

DENTAL MAINTENANCE ORGANIZATION (DMO)

Midwestern Dental Plans, Inc.
800-544-6374
www.midwesterndental.com

STATE VISION PLAN

BCBSM State of Michigan Service Center
800-843-4876
www.bcbsm.com/som

STATE LONG TERM DISABILITY (LTD) PLAN

CMI, a York Risk Services Company
800-324-9901

Health Maintenance Organizations (HMO)

Blue Care Network (BCN)

800-662-6667
www.bcbsm.com/som

McLaren Health Plan

888-327-0671
www.mclarenhealthplan.org

Health Alliance Plan (HAP)

800-422-4641
www.hap.org

Physicians Health Plan (PHP)

517-364-8500 or 800-832-9186
www.phpmichigan.com

HealthPlus

(Flint) 800-332-9161
(Saginaw) 800-942-8816
www.healthplus.com

Priority Health

800-446-5674
www.priority-health.com



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Fiscal Year 2015 - 2016



Mailing Address:

P.O. Box 30002
Lansing, MI 48909

Phone: 877-766-6447

MI Relay Center: 711 (individuals with hearing loss)

Fax: 517-241-5892

Hours of operation
8:00 a.m. to 5:00 p.m.
Monday through Friday
(except on state holidays)

Employee Benefits Division Website
www.michigan.gov/employeebenefits

MI HR Self-Service & MI HR Information
www.michigan.gov/selfserv

Updated: August 2015

What Retirement Plan Are You Enrolled In?

There are a few different retirement plans available to State of Michigan employees. Certain plans were only made available to those employees who were hired prior to a certain point in time. And further, an employee may be enrolled in specific plans based on choices made during P.A. 487 of 1996 or P.A. 264 of 2011. Review the information below to find your plan then visit the [Office of Retirement Services](#) website for a more detailed look at your retirement plan.

You're a member of the **Defined Benefit (DB)** plan if you were hired before March 31, 1997, and you:

- Elected the DB Classified plan under P.A. 264 of 2011.
 - Elected the DB 30 plan under P.A. 264 of 2011 and you have not yet reached 30 years of service.
-

You're a participant in the **Defined Contribution (DC) with Subsidized Retiree Insurance** plan if you:

- Were newly hired by the State of Michigan on or after March 31, 1997.
 - Began your state employment under the DB plan and chose to transfer to the DC plan under P.A. 487 of 1996. (You retain the DB insurance Subsidy.)
 - Review your 401K/457 account with [Voya Financial™](#)
-

You're a member of the **DB plan AND a participant in the DC** plan if you:

- Elected the DB 30 plan under P.A. 264 of 2011 and you have reached 30 years of service.
 - Elected the DB/DC Blend plan under P.A. 264 of 2011, and thus became a DC plan participant April 1, 2012.
 - Review your 401K/457 account with [Voya Financial™](#)
 - Began your state employment under the DB plan, left, and then returned to state employment on or after January 1, 2012, and before January 1, 2014.
-

You're a participant in the **Defined Contribution (DC) with Personal Healthcare Fund** if you:

- Were newly hired by the State of Michigan on or after December 31, 2011.
 - Contact [Voya Financial™](#) in regards to plan details.
 - Elected the Personal Healthcare Fund under P.A. 264 of 2011.
 - Contact [Voya Financial™](#) in regards to plan details.
 - Contact the [Office of Retirement Services](#) in regards to your Lump Sum payout
-

2015-2016 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%) BCN, HAP, HealthPlus, McLaren, PHP, Priority Health	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services				
Health maintenance exam	100%, 1 per year	Not Covered	100%	Varies per plan
Annual gynecological exam	100%, 1 per year	Not Covered	100%	Varies per plan
Pap smear screening - laboratory services only ¹	100%, 1 per year	Not Covered	100%	Varies per plan
Well-baby and child care	Covered 100%	Not Covered	100%	Varies per plan
Immunizations ² , annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	100%	Varies per plan
Childhood Immunization	Covered 100% through age 16	Covered 80%	100%	Varies per plan
Fecal occult blood screening ¹	Covered 100%	Not Covered	100%	Varies per plan
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	100%	Varies per plan
Colonoscopy ^{1, 2}	Covered 100%	80% after deductible	100%	Varies per plan
Prostate specific antigen screening ¹	100%, 1 per year	Not Covered	100%	Varies per plan
Mammography ¹	Covered 100%	80% after deductible	100%	Varies per plan

¹American Cancer Society guidelines apply²Childhood immunizations and colonoscopy exams are excluded from the maximum limit

Physician Office Services				
Office visits, consultations and urgent care visits	\$20 co-pay deductible not applicable	Covered 80% after deductible	\$20 co-pay deductible not applicable	70% after deductible
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 co-pay deductible not applicable	Not Covered
Emergency Medical Care³				
Hospital emergency room for medical emergency or accidental injury	\$200 copay (waived if admitted as inpatient)		\$200 copay (waived if admitted as inpatient)	
Ambulance services - medically necessary	90% after deductible		100% after deductible	

³Emergency room and Physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum

Diagnostic Services				
Laboratory and pathology tests	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Diagnostic tests and x-rays				
Radiation therapy				
Maternity Services (Includes care by a certified nurse midwife State HP PPO Only)				
Prenatal care	100%	80% after deductible	100%	Varies per plan
Postnatal care	90% after deductible		\$20 co-pay	Varies per plan
Delivery and nursery care ⁴			100% after deductible	Varies per plan

⁴Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan

Hospital Care				
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	90% after deductible, unlimited days	80% after deductible, unlimited days	100% after deductible, unlimited days	Varies per plan
Inpatient consultations	90% after deductible	80% after deductible		
Chemotherapy				

Alternative to Hospital Care				
Skilled nursing care up to 120 days per confinement	90% after deductible		100% after deductible	Varies per plan
Hospice care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)		100% after deductible	Varies per plan
Home health care	90% after deductible, unlimited visits		Check with your HMO	Varies per plan

Surgical Services				
Surgery-includes related surgical services	90% after deductible	80% after deductible	100% after deductible	Varies per plan
Male Vasectomy			100% after deductible	Varies per plan
Female Voluntary female sterilization	100%		100%	Varies per plan

Human Organ Transplants				
Liver, heart, lung, pancreas, and other specified organ transplants	100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant.		100% after deductible in designated facilities	Varies per plan
Bone marrow-specific criteria apply	100% after deductible in designated facilities		100% after deductible in designated facilities	Varies per plan
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible		



2015-2016 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%) BCN, HAP, HealthPlus, McLaren, PHP, Priority Health	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services				
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.	Varies per plan
Allergy injections	90% after deductible	80% after deductible	100%	Varies per plan
Acupuncture	80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO	
Rabies treatment after initial emergency room visit	90% after deductible	80% after deductible	Office visit; \$20 co-pay. Injections covered 100%	Varies per plan
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	90% after deductible	80% after deductible	100% after deductible	Varies per plan
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	80% after deductible Up to 24 visits per calendar year	Check with your HMO	Varies per plan
Durable medical equipment	100%	80% after deductible	Check with your HMO	Varies per plan
Prosthetic and orthotic appliances - Support Program			Check with your HMO	Varies per plan
Private duty nursing	Covered 80% after deductible		Check with your HMO	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO	
Hearing Care Exam	\$20 co-pay for office visit	80% after deductible	Check with your HMO	Varies per plan
Mental Health/Substance Abuse				
Mental Health Benefit - Inpatient	100% up to 365 days per year ⁵	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible	Varies per plan
Mental Health Benefit - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO	Varies per plan
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ⁶ Halfway House 100%	Covered 50% ⁶ Halfway House 50%	100% after deductible	Varies per plan
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates. 10% co-pay ⁷	\$3,500 per calendar year 50% of network rates	\$20 co-pay	Varies per plan
⁵ Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.				
⁶ Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.				
⁷ \$3,500 per calendar year limitation pertains to services for chemical dependency only				
Outpatient Physical , Speech, and Occupational Therapy (combined maximum of 90 visits per calendar year)				
Outpatient Physical, speech, and occupational therapy - facility and clinic services	90% after deductible	90% after deductible	\$20 co-pay	Varies per plan
Outpatient physical therapy - physician's office		80% after deductible		
Deductible, Co-Pays, Out of Pocket Maximum and Prescription Drugs				
Deductible ⁸	\$400/member & \$800/family	\$800/member & \$1,600/family	\$125/member & \$250/family	\$300/member & \$600/family
Coinsurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health/substance abuse	n/a	
Out-Of-Pocket Maximum ⁹	\$2,000/member & \$4,000/family		\$2,000/member & \$4,000/family	
Prescription Drug Co-pays	Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120		Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120	

⁵Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.⁶Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.⁷\$3,500 per calendar year limitation pertains to services for chemical dependency only**Outpatient Physical, Speech, and Occupational Therapy (combined maximum of 90 visits per calendar year)**

Outpatient Physical, speech, and occupational therapy - facility and clinic services	90% after deductible	90% after deductible	\$20 co-pay	Varies per plan
Outpatient physical therapy - physician's office		80% after deductible		

Deductible, Co-Pays, Out of Pocket Maximum and Prescription Drugs

Deductible ⁸	\$400/member & \$800/family	\$800/member & \$1,600/family	\$125/member & \$250/family	\$300/member & \$600/family
Coinsurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health/substance abuse	n/a	
Out-Of-Pocket Maximum ⁹	\$2,000/member & \$4,000/family		\$2,000/member & \$4,000/family	
Prescription Drug Co-pays	Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120		Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120	

⁸Deductible amounts for the SHP - PPO are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2014 and renew annually each October with the start of the new plan year.⁹Beginning October 12, 2014, in-network deductibles, in-network fixed dollar co-payments and in-network co-insurance all apply toward the out-of-pocket maximum. Beginning with the October 2015 plan year, prescription drug co-payments in the SHP PPO also apply to the annual out-of-pocket maximum.